

**FORM
LB-1**

NOTICE OF BUDGET HEARING

A public meeting of the Pioneer NH Health District will be held on May 29, 2018 at 2:00 a.m. at Pioneer
(Governing body) (Date) p.m.

Place Conference Room, 1060 D Street West, Vale, Oregon. The purpose of this meeting is to discuss the budget for the
(Location)

fiscal year beginning July 1, 2018 as approved by the Pioneer NH Health District Budget Committee. A summary of
(Municipal corporation)

the budget is presented below. A copy of the budget may be inspected or obtained at 1060 D Street West, Vale, OR
(Street address)

between the hours of 9:00 a.m., and 4:00 p.m., or online at www.pnhvale.com This

budget is for an annual; biennial budget period. This budget was prepared on a basis of accounting that is: the same as;

different than the preceding year. If different, the major changes and their effect on the budget are:

Contact	Telephone number	E-mail
Tom Hathaway	(541) 473-3131 x 302	adminsfn@pnhvale.com

FINANCIAL SUMMARY—RESOURCES

TOTAL OF ALL FUNDS	Actual Amounts 20 <u>16</u> -20 <u>17</u>	Adopted Budget This Year: 20 <u>17</u> -20 <u>18</u>	Approved Budget Next Year: 20 <u>18</u> -20 <u>19</u>
1. Beginning Fund Balance/Net Working Capital.....		382,942.00	167,412.00
2. Fees, Licenses, Permits, Fines, Assessments & Other Service Charges...		3,043,623.00	4,139,775.00
3. Federal, State & all Other Grants, Gifts, Allocations & Donations.....	480,978.00	0.00	700.00
4. Revenue from Bonds & Other Debt.....	0.00	0.00	
5. Interfund Transfers/Internal Service Reimbursements.....	0.00	0.00	
6. All Other Resources Except Current Year Property Taxes.....	0.00	30,000.00	148,600.00
7. Current Year Property Taxes Estimated to be Received.....		309,676.00	317,338.00
8. Total Resources —add lines 1 through 7.....		3,766,241.00	4,773,825.00

FINANCIAL SUMMARY—REQUIREMENTS BY OBJECT CLASSIFICATION

9. Personnel Services.....		2,284,594.00	2,783,654.00
10. Materials and Services.....		1,171,971.00	1,672,833.00
11. Capital Outlay.....		0.00	
12. Debt Service.....		309,676.00	317,338.00
13. Interfund Transfers.....		0.00	
14. Contingencies.....		0.00	
15. Special Payments.....		0.00	
16. Unappropriated Ending Balance and Reserved for Future Expenditure....	480,978.00	0.00	
17. Total Requirements —add lines 9 through 16.....		3,766,241.00	4,773,825.00

FINANCIAL SUMMARY—REQUIREMENTS AND FULL-TIME EQUIVALENT EMPLOYEES (FTE) BY ORGANIZATIONAL UNIT OR PROGRAM*

Name of Organizational Unit or Program FTE for Unit or Program			
Name Operations			
FTE	71	71	71
Name			
FTE			
Name			
FTE			
Name			
FTE			

Name			
FTE			
Not Allocated to Organizational Unit or Program			
FTE			
Total Requirements			
Total FTE	71	71	71

STATEMENT OF CHANGES IN ACTIVITIES AND SOURCES OF FINANCING*

There have been no major changes in the activities or sources of financing for Pioneer Nursing Home Health District for the new budget year.

PROPERTY TAX LEVIES			
	Rate or Amount Imposed	Rate or Amount Imposed	Rate or Amount Approved
Permanent Rate Levy (Rate Limit _____ Per \$1000)			
Local Option Levy			
Levy for General Obligation Bonds	300,963	309,675	317,338

STATEMENT OF INDEBTEDNESS		
Long Term Debt	Estimated Debt Outstanding on July 1	Estimated Debt Authorized, but not Incurred on July 1
General Obligation Bonds	1,145,000.00	
Other Bonds		
Other Borrowings		
Total	1,145,000.00	

*If more space is needed to complete any section of this form, use the space below or add sheets.